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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	<b>\</b>	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/681,262	10/681,262 10/09/2003		Victor V. Nekrasov		NEKRASOV2	5994	
TITLE OF INVENTION: METHOD FOR ASSAYING MULTI-COMPONENT MIXTURES							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E FEE TOTAL FEE(S) DUI	DATE DUE	
nonprovisional	YES	\$720	\$300	\$0	\$1020	08/15/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
GAKH, YELENA G		1797	436-172000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Organotek Defense System Corporation  Aventura, FLORIDA  Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual Corporation or other private group entity Government							
4a. The following fee(s) are submitted:  ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form-PTO-2038-is attached:  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-9035 (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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Authorized Signature And Management			Date August 14, 2008				
Typed or printed name Anne M. Kornbau			Registration No. 25,884				
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PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

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